

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST: Lee LAST: Brown NICKNAME: MI: P. SUFFIX:		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1001 McHenry APT / SUITE #: Suite 1650 CITY: Houston, TX STATE: TX ZIP CODE: 77002		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (832) PHONE NUMBER: 366-1584 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: Grover LAST: Jackson NICKNAME: MI: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1901A Potomac APT / SUITE #: Houston, TX CITY: TX STATE: TX ZIP CODE: 77052		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (713) PHONE NUMBER: 861-1117 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 1 / 1 / 06 THROUGH Month Day Year: 6 / 30 / 06		
11 ELECTION	ELECTION DATE: Month Day Year: / / ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: Address / PO Box: Apt. / Suite #: City: State: Zip Code:		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Lee P. Brown

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,314.60

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

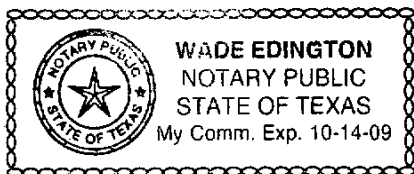
\$ 54,908.35

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lee P. Brown

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 10th day of August, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



Printed on recycled paper

Revised 11/05/2003

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: _____	
2 FILER NAME <u>Lee Brown</u>		3 ACCOUNT # (Ethics Commission filers) _____	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>No Activity</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Lee Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/2/06

5 Payee name

Public Storage

7 Amount (\$)

\$231.00

6 Payee address: City: State: Zip Code

3732 Westheimer
Houston, TX 77219

8 Purpose of payment (See instructions regarding type of information required.)

Storage of Campaign Material

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/8/06

Payee name

Democratic National Committee

Amount (\$)

\$1,000.00

Payee address: City: State: Zip Code

430 South Capitol St. S.E.
Washington, D.C. 20003

Purpose of payment (See instructions regarding type of information required.)

Political Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/16/06

Payee name

Houston Chapter Links

Amount (\$)

\$1,000.00

Payee address: City: State: Zip Code

P.O. Box 131822
Houston, TX 77219

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/29/06

Payee name

Texas Democratic Party

Amount (\$)

\$1,240.00

Payee address: City: State: Zip Code

207 Rio Grande
Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

Political Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <i>Lee Brown</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/13/06</i>	5 Payee name <i>Inter-America Economic Council</i>	7 Amount (\$) <i>\$500.00</i>	
6 Payee address; City; State; Zip Code <i>600 PENNSYLVANIA Ave S.E. #207 Washington, D.C. 20003</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>2/10/06</i>	Payee name <i>Public Storage</i>	Amount (\$) <i>\$231.00</i>	
Payee address; City; State; Zip Code <i>3732 Westheimer Houston, TX 77027</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Storage of Campaign Material</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>3/2/06</i>	Payee name <i>Houston Independent School District</i>	Amount (\$) <i>\$400.00</i>	
Payee address; City; State; Zip Code <i>3830 Richmond Ave Houston, TX 77027</i>			
Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>3/12/06</i>	Payee name <i>Public Storage</i>	Amount (\$) <i>\$231.00</i>	
Payee address; City; State; Zip Code <i>3732 Westheimer Houston, TX 77027</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Storage of Campaign Material</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

4 Date 4/2/06	5 Payee name Public Storage	7 Amount (\$) \$231.00
6 Payee address; City: State: Zip Code 3732 Westheimer Houston, TX 77027		
8 Purpose of payment (See instructions regarding type of information required.) Storage of Campaign Material		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 5/14/06	Payee name Public Storage	Amount (\$) \$250.00
Payee address; City: State: Zip Code 3732 Westheimer Houston, TX 77027		
Purpose of payment (See instructions regarding type of information required.) Storage of Campaign Material		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 5/15/06	Payee name RADNOFSKY US Senate Committee	Amount (\$) \$250.00
Payee address; City: State: Zip Code P.O. Box 550377 Houston, TX 77255		
Purpose of payment (See instructions regarding type of information required.) Political Contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date 6/22/06	Payee name Public Storage	Amount (\$) \$250.00
Payee address; City: State: Zip Code 3732 Westheimer Houston, TX 77027		
Purpose of payment (See instructions regarding type of information required.) Storage of Campaign Material		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Lee Brown</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/22/06</i>	5 Payee name <i>Friends of Connie Stokes</i>	7 Amount (\$) <i>\$ 500.00</i>
6 Payee address: City, State, Zip Code <i>3069 Pamela Rd. # B Lithonia, GA 30038</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Political Contribution</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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